

## VETERAN BENEFITS DOCUMENTATION

THE FOLLOWING DOCUMENTS (IF APPLICABLE) ARE REQUIRED FOR SUBMISSION OF CLAIMS FOR VETERANS BENEFITS TO THE VETERANS ADMINISTRATION

<u>DOCUMENT</u>	<u>ATTACHED</u>	
	<u>YES</u>	<u>NO</u>
MILITARY DISCHARGE (DD-214)	_____	_____
MONTHLY INCOME	_____	_____
MARRIAGE LICENSE	_____	_____
DIVORCE DECREE	_____	_____
BIRTH CERTIFICATE (MINOR DEPENDENTS)	_____	_____
POST HIGH SCHOOL ENROLLMENT VERIFICATION (DEPENDENTS AGED 18 TO 23)	_____	_____
MEDICAL INSURANCE VERIFICATION (e.g. MEDICARE SUPP. ETC)	_____	_____
IS VETERAN ENROLLED IN A VA HEALTH CARE PROGRAM AT ANY VA MEDICAL CENTER	_____	_____

**LIST THE SOCIAL SECURITY NUMBERS FOR YOUR SPOUSE AND ALL MINOR CHILDREN THAT YOU ARE FINANCIALLY RESPONSIBLE FOR:**

SPOUSE'S NAME \_\_\_\_\_

SPOUSE'S SOCIAL SECURITY NUMBER \_\_\_\_\_

CHILDREN'S NAMES	DATE OF BIRTH	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____